

FILED FEB 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2015

BIRTH NO. _____		REG. DIST. NO. 270		PRIMARY REG. DIST. NO. 3050		Registrar's No. 5	
1. PLACE OF DEATH a. COUNTY <u>Peru</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Peru</u>			
b. CITY (If outside corporate limits, write RURAL, and give township) <u>Canthussville</u>		c. LENGTH OF STAY (in this place) <u>25 yrs</u>		c. CITY (If outside corporate limits, write RURAL, and give township) <u>Canthussville, Mo. 0782</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>405 E 13th st</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Sophia</u>		b. (Middle)		c. (Last) <u>JONES</u>	
4. DATE OF DEATH		(Month) (Day) (Year)		<u>Jan-19-1951</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan-1-1874</u>	
9. AGE (in years last birthday) <u>77</u>		IF UNDER 1 YEAR Months Days Hours Min. <u>0 18</u>		10a. USUAL OCCUPATION (or kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	
11. BIRTHPLACE (State or foreign country) <u>Offord, Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>James A. Jones</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>7985</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Cleo Scott</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown - this person died without medical attention</u> <u>ANTECEDENT CAUSE</u> Morbidity conditions, if any, giving rise to the above cause (b) stating the underlying cause last. <u>due to (a) No fault play</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>7985</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>James A. Osburn</u> (Degree or title)				23b. ADDRESS <u>Wardell, Mo.</u>		23c. DATE SIGNED <u>1-20-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Jan-20-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Ridge</u>		24d. LOCATION (city, town, or county) (State) <u>Canthussville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 30, 1951</u>		REGISTRAR'S SIGNATURE <u>Hessie B. Wheeler</u> 247		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>La Forge and Co. Canthussville Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2-51-34

FEB 5 1951

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S. B. Beecher, M. D.,
Pemiscot County Health Department.,
Caruthersville, Missouri

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Amos B. Moon

Licensed Embalmer No. 4636

P. O. Address Caruthersville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.